

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006764

STATE FILE NUMBER

AMENDED

Registration District No. 149, Primary Registration District No. 1002 Registrar's No. 949

FILED MAR 7 1962

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kansas City

Length of stay in 1b

50 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Mo.

b. COUNTY Jackson

admission

c. CITY

OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (if NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Forest Ave. Nurshing HOME

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

1621 E. 18th. St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Levi

Middle Burris

Last Wilson

4. DATE OF DEATH

Month 2

Day 10

Year 62

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-18-10

9. AGE (last birthday)

51

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unemployed

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Richmond, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Levi Wilson

13b. MOTHER'S MAIDEN NAME

Julia Johnson

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

U. S. Johnson 2453 Highland

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-1-62 to 2-10-62 and last saw her alive on 2-10-62

Death occurred at 2 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL (Cremation, Removal Specify)

Burial

23b. DATE

2-16-62

23c. NAME OF CEMETERY OR CREMATORY

Blue Ridge Lawn

23d. LOCATION (City, town, or county)

K.C.

Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Jones & Stevens

2315 Linwood

25. DATE RECD. BY LOCAL REG.

2-16-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4429

P. O. Address 1311 1/2 St. N. W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.